

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
WESTERN DIVISION

UNITED STATES OF AMERICA	5:20-CR-50122
Plaintiff	RENEWED MOTION TO COMPEL FED. R.
v.	CRIM. PRO.16. DISCOVERY, TIMELY
KIMBERLEE PITAWANAKWAT	BRADY DISCLOSURE AND FOR
Defendant	SANCTIONS INCLUDING CONTEMPT

Kimberlee Pitawanakwat
26214 Foster Road
Monroe, OR 97456
kimberlee.pitankwt@gmail.com

EXHIBIT D

AUTHORIZATION

1 CIR /DIST /DIV CODE 0869		2 PERSON REPRESENTED Kimberlee Pitawanakwat		VOUCHER NUMBER 0869.1570985	
3 MAG DKT /DEF NUMBER		4 DIST DKT /DEF NUMBER 5:20-CR-50122-2-KES-DLW		5 APPEALS DKT /DEF NUMBER	
6 OTHER DKT NUMBER					
7 IN CASE/MATTER OF (Case Name) USA v. Dull Knife et al		8 PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)		9 TYPE PERSON REPRESENTED Adult Defendant	
				10 REPRESENTATION TYPE Criminal Case	
11 OFFENSE(S) CHARGED (Cite U S Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i> {18:1001.F} 18 U.S.C. § 1001(a)(2); FALSE STATEMENTS,{18:3.F} 18 U.S.C. § 3; ACCESSORY AFTER THE FACT					
12 ATTORNEY'S STATEMENT					
<p>As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:</p> <p><input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ <u>\$3,585.00 (Approved Amount: \$3,585.00)</u> OR</p> <p><input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act (Note: Prior authorization should be obtained for services in excess of the statutory maximum, excluding expenses)</p> <p>Signature of Attorney _____ Clerk of Court /S/ _____ Date <u>6/15/2023</u></p> <p><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization</p> <p>ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) _____, AND MAILING ADDRESS _____</p> <p>Clerk of Court - Bar Number: _____</p> <p style="text-align: right;">Telephone Number: _____</p>					
13 DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)			14 TYPE OF SERVICE PROVIDER		
To assist in the defense. See attached.			01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input checked="" type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical 15 <input type="checkbox"/> Voice/Audio Analyst 16 <input type="checkbox"/> Hair/Fiber Expert 17 <input type="checkbox"/> Computer (Hardware/ Software) 18 <input type="checkbox"/> Paralegal Services 19 <input type="checkbox"/> Legal Analyst/Consultant 20 <input type="checkbox"/> Jury Consultant 21 <input type="checkbox"/> Mitigation Specialist 22 <input type="checkbox"/> Duplication Services(See Instructions) 23 <input type="checkbox"/> Other (Specify) _____ 24 <input type="checkbox"/> Litigation Support Services 25 <input type="checkbox"/> Computer Forensics Expert 26		
15 COURT ORDER					
<p>Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.</p> <p>Karen Schreier /S/ _____</p> <p>Signature of Presiding Judge or By Order of the Court _____</p> <p><u>6/15/2023</u> _____</p> <p>Date of Order _____ Nunc Pro Tunc Date _____</p> <p>Repayment or partial repayment ordered from the person represented for this service at time of authorization.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>					
Signature of Presiding Judge Karen Schreier /S/		Date Signed 6/15/2023	Judge Code 6911	Approved Amount \$3,585.00	Total Approved Amount \$3,585.00
Signature of Chief Judge, Court of Appeals (or Delegate) Lavenski R. Smith /S/		Date Signed 6/23/2023	Judge Code -822	Approved Amount \$3,585.00	